

April 27, 2006: Norton at Press Conference with Dentists Introduces Bill

Norton at Press Conference with Dentists Introduces Bill for
Dental Care as Important Tool for Early Detection and Spread of HIV/AIDS
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Washington, DC--Congresswoman Eleanor Holmes Norton (D-DC) today stood at a press conference with Howard University Dental School deans, dental students, and the Director of Dental Services of the Whitman-Walker Clinic as she filed a bill key to the detection of HIV/AIDS and helping to stop its spread in D.C. The Dedicated Dental Service for HIV/AIDS Act (DDS for HIV/AIDS Act) offers tuition loan repayment relief similar to what physicians and nurses receive, in order to address a sharply diminishing supply of dentists in the U.S., particularly dentists who serve people with HIV/AIDS. Joining the Congresswoman at the press conference at the Louis Stokes Health Sciences Library were Howard University School of Dentistry Dean, Dr. Leo Rouse; Associate Dean of Dentistry; Dr. Ryle Bell; and Dr. Patrick Hughes, Director of Dental Services at the Whitman-Walker Clinic.

Norton said, "Howard University professors of dentistry inform us that the first indicators of HIV/AIDS infection are often oral health problems. They also serve as important benchmarks for disease progression. Thus, access to dental services is especially important in big cities like the District of Columbia and rural areas where one of the most serious problems with the spread of the disease is the reluctance of people to be tested for such a disease. Access to dental care is critically important from the earliest onset in such high impact areas."

The Norton bill would create a loan forgiveness program for dental school graduates who agree to serve HIV/AIDS populations in areas where there is a high incidence of such cases, as defined by the Department of Health and Human Services. This program is drawn from the nurse loan forgiveness program passed by Congress in 1998. The crisis for the dental profession, especially in the distribution in underserved areas, is even greater than for physicians. Yet, dental school graduates incur an average loan debt of \$100,000 at a time when fewer are entering the profession and even fewer are willing to serve HIV/AIDS patients.

The DDS for HIV/AIDS Act is the latest effort of Congresswoman Norton to help quell the relentless spread of the disease in the District. Last year, she got Congress to give a special extra appropriation of \$650,000 to the Whitman-Walker Clinic.

Norton's full introductory statement explaining the DDS HIV/AIDS Act and its benefits to arresting the disease follows.

Mr. Speaker, I am pleased today to introduce the Dedicated Dental Service for HIV/AIDS (DDS for HIV/AIDS) Act of 2006 to establish a loan repayment program for dental school graduates in exchange for their agreement to remedy a critical shortage of dentists for the poor, particularly in areas with a high incidence of HIV and AIDS, by agreeing to serve such patients. This bill is similar to legislation Congress has enacted in the past to encourage other health professionals, such as physicians, nurses, optometrists and pharmacists to provide vital services in underserved areas.

Howard University professors of dentistry inform us that the first indicators of HIV/AIDS infection are often oral health problems. Oral health problems often not only constitute an important early signal of HIV/AIDS symptoms; they also serve as benchmarks for disease progression. One of the most serious problems with the spread of HIV/AIDS is the reluctance of people to be tested for such a disease, especially in the African American community and other big city and rural areas. Access to dental care, therefore, is critically important from the earliest onset, especially in high impact areas. Access, of course, minimizes long term oral health complications for patients, but it also provides important linkages to good overall medical care to combat the disease in the community.

A recent RAND health study on HIV costs and services found that the vast majority of patients received care at their local AIDS clinic, not a primary dentist. Moreover, these disfavored patients must look for service within the context of a nationwide drop in dental school applicants and graduates, and a projected 60% loss of active dentists due to retirement. As a result, the average American, especially those with HIV/AIDS, will or already are having difficulty in obtaining dental care.

For HIV/AIDS patients the crisis is palpable. They have even more difficulty than other Americans finding dentists who will accept Medicaid or treat patients at reduced cost. Some dentists are reluctant to provide care. Although only one case of transmission between dentist and patient has been documented, problems of access are acute. Many patients must travel long distances to find care. Many states do not include dental care as part of their Medicaid coverage. Patients often must search for providers such as schools of dentistry or local community clinics which receive some funds from the Dental Reimbursement Program (DRP), administered through the Ryan White CARE Act.

My bill would create a loan forgiveness program for dental school graduates who agree to serve HIV/AIDS populations in

areas where there is a high incidence of such cases, as defined by the Department of Health and Human Services. This program is drawn from the nurse loan forgiveness program passed by Congress in 1998. The crisis for the dental profession, especially in the distribution of dentists in underserved areas, is even greater than for physicians. Dental school graduates incur an average loan debt of \$100,000. Under the guidelines of the program, the secretary of the Department of Health and Human Services is authorized to pay 60% of the principal and interest on the loans in exchange for service for a period of no less than two years. If a dentist agrees to participate in a third year of service, another 25 % of the principal and interest on his loans will be paid. Loan forgiveness programs bring important added value because many recipients remain in practice in the area to which they are assigned. The secretary of HHS is to submit to the Congress a report on the program, with information including the number of dentists enrolled, the number and amount of loan repayments, the placement location of loan repayment recipients, and the evaluation of the overall costs and benefits of the program.

With more than one million Americans with HIV/AIDS, and over 16,000 in the District of Columbia, and its impact among people of color, these health providers need greater attention. We are proud of the overworked and under-funded services that are available in the District of Columbia. The Howard School of Dentistry has a long history of providing dental services to the poor here, and the HU CARES program provides care for nearly 1,200 patients a year. The vital Whitman-Walker Clinic, the largest provider of comprehensive HIV/AIDS services in the District and the region serves over 1,500 dental patients a year.

I urge my colleagues to join with me in establishing this dental loan repayment program that will meet an immediate and pressing need in communities across the country, as we have for other professions.